



(Please complete form with typewriter or print legibly using ink)

Business Address			The applicant is: <div style="display: flex; justify-content: space-around;"> <span>An Individual</span> <span>A Partnership</span> </div> <div style="display: flex; justify-content: space-around;"> <span>A Corporation</span> <span>Other</span> </div> If Other, Specify		
City	State	Zip Code			
County			<b>FEE</b> (Circle <u>All</u> That Apply) <div style="display: flex; justify-content: space-around;"> <span>RA \$50.00</span> <span>RB \$25.00</span> </div> <div style="display: flex; justify-content: space-around;"> <span>RC \$25.00</span> <span>RD \$50.00</span> <span>Exempt</span> </div> (Payment must be included with application) Total \$		
Business Phone (Include Area Code)					

- ☐ RA – service, charge, re-charge, install, and inspect fixed extinguishing systems
- ☐ RB – service, charge, re-charge, install, and inspect portable fire extinguishers
- ☐ RC – hydrostatic testing on non-DOT cylinders such as wet or dry chemical containers
- ☐ RD – service, charge, re-charge, and inspect fixed extinguishing systems

- List other fixed business(s) owned by applicant where service is performed (if additional space is needed, use separate sheet)

Full Name	Position/Title	Home Address (Include Zip Code)	Home Phone (Include Area Code)

Date \_\_\_\_\_